

DAYSPRING ACADEMY - REPLACEMENT FORMS

Name: _____

Address: _____ City/zip: _____

Phone: _____ Email: _____

Address of university (if sending to college): _____

Student Information (if applicable)

Name	Age	Birthdate	Grade	Graduation Date

Please mark which document you're requesting:

- \$15 - Replacement CSEF
- \$20 - Replacement Diploma- (must send in copy of transcript with request)
- \$15 - Replacement Transcript- (must send in copy of Diploma with request)
- \$0 - copy of Existing transcript sent to a college
- \$12 - Priority Mailing

(Verify by email we have your transcript, then send in a stamped envelope addressed to the school of choice OR pay for priority mailing.)

_____ **Total Paid**

How are you paying? *(For electronic payments, check the payment page on the website):*

() PayPal: @dayspringAHS [or DaySpringAcademy1996@gmail.com] () Stripe () MO () Check

Read and Initial ALL:

_____ I have included a SASE (Self Addressed Stamped Envelope) or paid for priority mailing

_____ I have included all forms needed (as stated above):

- () Copy of Diploma
- () Copy of Transcript

Signature

Date

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www.dsacademy.org

**DaySpring Academy is a community educational ministry
of the church fellowship in Alabama**